

LD5000005264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

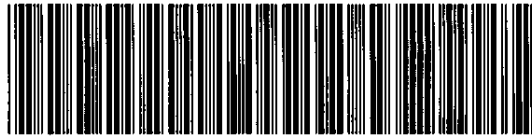
(Business Entity Name)

(Document Number)

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05/29/09--01019--017 **35.00

FILED
2009 JUN 15 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 17 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VOLUNTARY DISSOLUTION

DOCUMENT NUMBER: L05000005264

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR DEREK GOETZ
(Name of Contact Person)

KEYSTONE MEDICAL TREATMENT CENTER LLC
(Firm/Company)

13226 BISCAYNE BLVD.
(Address)

NORTH MIAMI, FL. 33181
(City/State and Zip Code)

For further information concerning this matter, please call:

DEREK GOETZ at (954) 922-1270
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2009

DR. DEREK GOETZ
KEYSTONE MEDICAL TREATMENT CENTER LLC
13220 BISCAYNE BLVD.
NORTH MIAMI, FL 33181

SUBJECT: KEYSTONE MEDICAL TREATMENT CENTER, LLC
Ref. Number: L05000005264

We have received your document for KEYSTONE MEDICAL TREATMENT CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00018615

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEYSTONE MEDICAL TREATMENT CENTER LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. DEREK GOETZ

(Name of Person)

KEYSTONE MEDICAL TREATMENT CENTER LLC

(Firm/Company)

13220 BISCAYNE BLVD.

(Address)

NORTH MIAMI, FL. 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

DEREK GOETZ

(Name of Person)

at (954) 922-1270

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$25.00 Filing Fee

☒

30.00 Filing Fee &
Certificate of Status

☐

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2009 JUN 15 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
KEYSTONE MEDICAL TREATMENT CENTER LLC

2. The Articles of Organization were filed on **01-18-05** and assigned document number
L05000005264

3. The date the dissolution was approved: **5-26-09**

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

**OFFICE IS NO LONGER OPEN, AND WAS NOT
FINANCILLY SOLVENT ANYMORE. MEDICAL PHYSICIAN
QUIT, AND NO REPLACEMENT WAS FOUND.**

5. CHECK ONE:

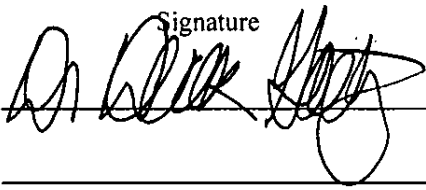
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature


Printed Name
DR DEREK GOETZ

